COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

KAREN KIMSEY
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/343-0634 (TDD)
www.dmas.virginia.gov

December 14, 2020

MEMORANDUM

TO: The Honorable Janet D. Howell
Chair, Senate Finance Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Vice Chair, House Appropriations Committee

FROM: Karen Kimsey
Director, Virginia Department of Medical Assistance Services

SUBJECT: Report on Consideration of Alternative Assessment Tools for Long-Term Services and Supports Screenings

This report is submitted in compliance with the Virginia Acts of the Assembly –Chapter 365, Enactment Clause 2, which states:

"That the Department of Medical Assistance Services shall consider alternative assessment tools for long-term services and supports screenings completed on or after July 1, 2021. The Department of Medical Assistance Services shall report its findings and conclusions to the Governor and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2020."

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

KK/sw
Enclosure

Pc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resource

Consideration of Alternative Assessment Tools for Long-Term Services and Supports (LTSS) Screenings

A Report to the Virginia General Assembly ***December 1, 2020***

Report Mandate

The 2020 Virginia Acts of Assembly Chapter 365, Enactment Clause 2 states: "That the Department of Medical Assistance Services shall consider alternative assessment tools for long-term services and supports screenings completed on or after July 1, 2021. The Department of Medical Assistance Services shall report its findings and conclusions to the Governor and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2020."

Background

The *Code of Virginia* §32.1-330 requires individuals who are eligible for community or institutional long-term services and supports (LTSS) as defined in the State Plan for Medical Assistance Services to be evaluated to determine if those individuals meet the level of care required for services in a nursing facility. The *Code* authorizes the Department of Medical Assistance Services (DMAS) to require a LTSS screening of all individuals who are utilizing Medicaid. In 2014, §32.1-330 was amended to allow DMAS to contract with additional entities to conduct screenings. Since that time, DMAS has collaborated with stakeholders to make the following enhancements to the LTSS screening process:

- Implemented the Electronic Preadmission Screening (ePAS) System to automate the LTSS screening, claims processes, and enable tracking to support the goal of completed community screenings within 30 days of the request for a LTSS screening;
- Promulgated emergency regulations (12 VAC 30-60-301 through 12VAC30-60-315) which added requirements for accepting, managing, and completing requests for community and hospital electronic LTSS screenings for community-based and nursing facility services, and using ePAS. New Screening regulations are anticipated for FY 2021;
- Collaborated with the Virginia Department of Health (VDH) on community LTSS screenings for children to ensure consistency and timeliness of LTSS screenings for this population; and
- Provided ongoing technical assistance and training to support community and hospital LTSS screeners.

About DMAS and Medicaid

DMAS's mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.

DMAS administers Virginia's Medicaid and CHIP programs for more than 1.6 million Virginians. Members have access to primary and specialty health services, inpatient care, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

JLARC Recommendations and General Assembly Actions for Screening for LTSS

The General Assembly's 2015 Session directed the Joint Legislative Audit and Review Commission (JLARC) to study and report to the Governor and the General Assembly on several aspects of Virginia's Medicaid program, including the screening process for long-term services and supports. In its report, *Managing Spending in Virginia's Medicaid Program* (Senate Document 16, December 2016), JLARC made several recommendations related to legislative and executive actions. Chapter 3 of the report, "Providing Cost-Effective Long-Term Services and Supports," recommended:

1) Adding Appropriations Act language to (a) validate the children's criteria used with the Uniform Assessment Instrument (UAI) to determine eligibility for Medicaid LTSS, (b) develop a single, comprehensive training curriculum on the screening tools including the UAI for all screeners conducting screenings for Medicaid LTSS, and (c) design and implement an inter-rater reliability test for the screening process: and

2) Amending §32.1-330 of the Code of Virginia to require screeners to be trained and certified on the screening process prior to conducting screenings for Medicaid LTSS.

Following the release of the JLARC report, the 2017 Session of the General Assembly enacted legislation addressing each of the report's recommendations listed above. The 2017 Appropriations Act included the recommended JLARC items. In addition, House Bill 2304 amended the *Code of Virginia* at §32.1-330 as follows:

> *"The Department shall require all individuals who administer screenings pursuant to this section to receive training on and be certified in the use of the uniform assessment instrument for screening individuals for eligibility for community or institutional long-term care services in accordance with the state plan for medical assistance prior to conducting such screenings."*

DMAS ACTION TO DATE

DMAS has taken the following steps to enhance the Medicaid functional eligibility screenings for LTSS as directed by the General Assembly in the 2017 Appropriations Act:

- Implemented the recommendations of a stakeholder work group to streamline the process for completing community and hospital LTSS screenings and made system changes to the ePAS;
- Collected evidence on the validity of the UAI as a screening tool for children;
- Worked on developing a process for inter-rater reliability through the posting of an RFP for which responses are currently under review;
- Collaborated with Virginia Commonwealth University (VCU) to develop and successfully implement a standardized, automated module-based competency training for all LTSS screeners;
- Created a certification process requiring all LTSS screeners to complete an automated training, demonstrate competency, and obtain a certification prior to being permitted to complete LTSS screenings;
- Provided technical assistance and addressed questions regarding the role of hospitals in the LTSS screening process and also disseminated information to screeners regarding Screening requirements and training;
- Drafted amendments to the LTSS screening regulations and provider manual in 2020 to include Nursing Facilities as approved LTSS screeners; and
- Completed changes to the ePAS system in 2020 to accommodate nursing facility LTSS screeners and created a plan to ensure training of LTSS screeners.

Virginia's LTSS Screening Process

Virginia's screening tool for LTSS utilizes the UAI. The UAI is a "homegrown" tool, meaning that it was developed in the Commonwealth of Virginia. The Preadmission Screening process, now known as the LTSS Screening Process, began in 1982 and was the first standardized assessment form for authorization for long term Medicaid funding in the Commonwealth. In 1990, the Virginia General Assembly recommended a Pilot Project to coordinate the delivery of multiple services, facilitate individual access to services and to

field test the UAI. As emphasis was placed on home and community-based services, a multi-agency task force was convened to revise the UAI tool in 1992. Many state agencies and other stakeholders participated in the update. By 1994 all publicly funded health and human service agencies began using the UAI.

In 2012 an interagency workgroup along with multiple other stakeholders worked to develop special needs criteria for the screening of children 0-21 years of age with disabilities who sought LTSS. In 2015 another interagency team along with local community stakeholders worked together to automate the UAI and in 2016 a contract with Virginia Commonwealth University (VCU) was established to automate standardized and mandated training for LTSS screeners.

Many state and local community stakeholders have worked to contribute to the development and implementation of the UAI LTSS Screening tool in Virginia. As a result, the Commonwealth now has a robust LTSS screening process with approximately 45,000 total LTSS Screenings being completed annually by screeners from both the community and hospital settings.

Purpose of LTSS Screenings

The purpose of LTSS Screenings is to determine the level of care (LOC) needed by an individual. To determine an individual's LOC an individual is rated for functional abilities related to activities of daily living (ADL), ongoing medical and nursing needs, and risk of being institutionalized or hospitalized in the next 30 days if the individual does not receive the needed supportive services. Based on the results of the screening, the individual may be determined to be functionally eligible/authorized for LTSS services under Medicaid. Functional assessment tools have two essential purposes: 1) to collect information on member health status to determine eligibility, and 2) for care planning.

It is important to note that there is no federal requirement for use of any "specific" functional assessment/screening tool.

Considerations for Developing and Managing a Process for Alternative LTSS Screening Tools

In beginning to develop and manage a process to consider an alternative LTSS screening tool for the Commonwealth, DMAS assigned staff to review material available on LTSS Screening tools being utilized by other states across the country. Information on the various tools was compiled. A review of the available literature on the topic was also conducted. The material collected relied heavily on available public information including state websites and other public material. Utilizing public facing information was a known limitation.

DMAS staff conducted structured interviews with 6 states: Indiana, Maryland, Massachusetts, South Carolina, Tennessee, and Wyoming. The goal of the interview process was to determine what other LTSS Screening tools were available for use and how these tools were being utilized so that consideration of an alternative LTSS assessment tool might be made.

Observations from State Assessment Tools

Based on a comparative review of different states, there are over 100 LTSS Screening tools being utilized by states for the determination of LTSS eligibility. LTSS tools are generally utilized for broad-based eligibility and also for sub-population group eligibility.

For LTSS screening for sub-population-groups, like individuals living with Intellectual and Developmental Disabilities, states may utilize LTSS tools like the Supports Intensity Scale (SIS). Some of these states include Colorado, Georgia, Louisiana, Maryland, Missouri, and Tennessee.

For more broad-based eligibility, states such as Minnesota, Alabama, Oklahoma, and Delaware and others use "homegrown" LTSS screening tools which they developed themselves, similar to Virginia. Other states such as Arkansas, New Jersey, and Washington utilize LTSS tools that have been modified from an existing tool used elsewhere. For states such as Maryland and Mississippi the LTSS tools in use are more standardized or "packaged." "Homegrown" tools seem to have the advantage of being supported by key stakeholders who have assisted with the development of the tool, as has been done in Virginia. "Home grown" tools may also be more customizable to specific state needs and may save the states in terms of cost. These costs include licenses, purchasing of software for packaged programs and consultant costs.

Many of the LTSS screening tools utilized by the states have common domains or fields for which an individual may be screened. Some of these domains include:

- Demographics;
- Screener information;
- Activities of Daily Living (ADL);
- Instrumental Activities of Daily Living (IADL);
- Skilled Nursing needs;
- Other healthcare needs, such as therapeutic interventions, medications, nutrition and wound care;
- Caregiver information; and

- Mental Health/Behavior and Cognitive status

States such as Minnesota include additional items in their screening tool, Mn CHOICES. The Mn CHOICES tool includes items like Self Preservation, which evaluates the individual's judgment and physical ability to cope, make appropriate decisions and to take action in a changing environment or a potentially harmful situation. Examples of other screening items included by states are cultural and communication needs and screening for social isolation.

In some states, including Virginia, the assessment tool considers the person's preferences in determining care. Person-Centered means that consideration is made for what the person being screened may want or prefer with regard to their care or individual goals. A good example of a Person-Centered approach would be discussing with the individual where they would like to live. In other words, getting the individual's input into the decision-making process. Other observations included:

- States generally are moving toward electronic LTSS Screening tools vs. paper;
- All states seem to require oversight of the LTSS Screening process;
- Information regarding the validity and/or reliability of LTSS tools being utilized by the states was not generally available; and
- There seemed to be a strong emphasis on the medical and healthcare needs of the individuals being screened vs. other items, like preferences and community connections.

Summary

A variety of LTSS Screening tools are used by the states. Some have tools for specific populations, as has been discussed. Many tools are "homegrown." Virginia is no exception. Virginia has made progress in improving the LTSS screening tool and processes to capture the information gathered with the tool. The UAI tool has been developed with substantial input from key stakeholders and, as a result, Virginia has an automated tool that addresses many domains, has a Person-Centered approach, and as of 2016 is automated and now captures and collects data to monitor the number of screenings administered, persons referred for services, and timeliness of LTSS screenings. In addition, the Commonwealth has instituted standardized training and certification of Screeners and built a strong technical assistance program for its over 2500 LTSS Screeners.

Based on information reviewed, there is little guidance to offer with regard to best practices for LTSS Screening tools. It is difficult to determine if there are any LTSS Screening tools being utilized by other states that could be held to the standard of being "best," as many are used for a variety of purposes and there is no national standard upon which to measure them.

Final Thoughts for Consideration

- **UAI:** Virginia's UAI and LTSS Screening process has been in use in the Commonwealth since 1994. It is a "homegrown" tool that has been developed with a great deal of input from key stakeholders. It collects data for many domains and contains a Person-Centered approach. The UAI is used as the basis for LTSS screening and care planning across multiple state agencies and is automated.
- **Validity and Reliability**: Validity and Reliability of the UAI tool has not been established. This information was not readily available from other states, making comparisons of LTSS Screening tools impractical. Of note, Virginia has issued an RFP for Inter-rater Reliability for the LTSS Screening tool and responses to the RFP are currently under review. The goal of the RFP is to evaluate the inter-rater reliability of the Screening tool and to work to assure that LTSS screeners consistently use the UAI and assess individuals to obtain accurate and reliable results.
- **Cost:** In consideration of any changes to the current LTSS Screening tool and process, significant costs will be realized in terms of staffing, training, and systems development and implementation
- **Stakeholders:** Any consideration of a change to the LTSS assessment tool should include involvement of key stakeholders. Engagement of key stakeholders has proven to be critical to the success of the UAI and other components of the LTSS screening process, and should be a part of any discussion regarding consideration of a change.